

Roster 2004

Team Name: _____

Elk Grove CSD-Dept. of Parks and Recreation Season: (circle one) Winter/Spring Summer Fall League: (circle one) Co-ed Men's Women's

Manager Name _____ Day Phone _____ Eve Phone _____ E-mail _____

Asst Mgr Name _____ Day Phone _____ Eve Phone _____ E-mail _____

Roster Maximums - Basketball 15, Softball 15, Volleyball 15, Soccer 15

Night LCP Softball:

first choice: (circle one) M Tu W Th F League: (circle one) C D Men's Co-ed C

second choice: (circle one) M Tu W Th F League: (circle one) C D Men's Co-ed C

Night Elk Grove Park Softball:

first choice: (circle one) M Tu W Th F Su League: (circle one) C D Men's Co-ed C Co-ed D

second choice: (circle one) M Tu W Th F Su League: (circle one) C D Men's Co-ed C Co-ed D

Basketball: (circle one) Th Su League: (circle) C D Men's Men's 35+ Women's

Volleyball: (circle one) W League: (circle one) Recreation

Soccer: (circle one) Su League: (circle one) Co-ed



Fire - Emergency/Medical - Parks & Recreation

Office Use Only	
Date Rec'd:	
Rec'd By:	
Packet Given:	
Yes	No
Packet Sent On:	

All players listed below must sign this Roster/Agreement as specified in the policies and procedures for the league. Entire roster with signed Roster/Agreement must be filed with the department office, along with the league fee. **No player will be permitted to play without the Roster/Agreement signature on file.**

All Players: Read and Sign: The Elk Grove Community Services District, their officers and employees, and any co-sponsor of this activity are not responsible for any injury which may be suffered by you while traveling to, during or returning from the activity designed in this Roster/Agreement. The sponsoring agency has no medical insurance for individuals. Any injury will be your own responsibility. Also, under California Law, an individual is responsible for any and all property damage, personal or private which he may cause during the course of the activity designated by this Roster/Agreement. Additionally, the participant acknowledges that the EGCSD reserves the right to photograph facilities, activities, and program participants for potential future use for publicity or promotion purposes only. I have read and understand this notice. I agree, with my signature, to adhere to the rules and regulations of the department's Adult Sports Leagues.

	PLAYER	ADDRESS	ZIP	DAY PHONE	SIGNATURE	BIRTHDATE/AGE	T-SHIRT SIZE
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2.							
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